

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1746604 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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16						
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21						
22	1					
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36						
37						
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39						
40						
41						
42						
43	1					
44						
45						
46						
47	1					
48						
49	1					
50						
TOTAL IND.	10					
TOTAL DEP.	45	↔	↔	↔		
TOTAL CLAIMS	55	[]	[]	[]	[]	[]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		[]	[]	[]	[]	[]

Best Available Copy